

INTERIM FINANCIAL REPORT --
Due at same time as Narrative Report each interim period
TENNESSEE DEPARTMENT OF STATE
Tennessee State Library and Archives
FY 2005-2006 LIBRARY SERVICES AND TECHNOLOGY ACT
Library Services for the Disadvantaged Direct Service Grant

Library: _____

Address: _____
(P.O. Box or Street) (City) (Zip Code)

e-mail address: _____ Telephone: (____) _____

Interim Being Reported: _____ **1st** _____ **2nd** _____ **3rd** (Please check appropriate reporting period)

Total Amount of Grant: \$ _____

	LSTA Funds Awarded (From Budget Statement)	Total Expended This Period	Total Expended To Date	Funds Encumbered*	Balance
PERSONNEL	_____	_____	_____	_____	_____
TRAVEL	_____	_____	_____	_____	_____
EQUIPMENT	_____	_____	_____	_____	_____
SUPPLIES	_____	_____	_____	_____	_____
PRINT MATERIALS	_____	_____	_____	_____	_____
NONPRINT MATERIALS	_____	_____	_____	_____	_____
CONTRACTUAL	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____

*Encumbered - for materials and/or services on order (obligated for) but not yet paid

CERTIFICATION:

I certify that to the best of my knowledge and belief this report is correct and complete and that all expenditures are for purposes set forth in the approved grant proposal.

Signature: _____ Date: _____
Project Director

Signature: _____ Date: _____
Project Administrator

Signature: _____ Date: _____
Library Board Chairperson/Authorized Fiscal Agent